

6
GW/UST-2

Site Investigation Report For Permanent Closure or Change-in-Service of U.S.T.

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location.
[SEE MAP ON REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL
OFFICE ADDRESS].

State Use Only

I.D. Number

Date Received

INSTRUCTIONS

Complete and return within (30) days following completion of site investigation.

I. Ownership of Tank(s)

Owner Name: Northstate Chevrolet

Corporation, Individual, Public Agency, or Other Entity)

Street Address: 451 N. Eugene St.

County: Guilford

City: Greensboro State: NC Zip Code: 27401

Telephone Number: (910) 379-8787

(Area Code)

II. Location of Tank(s)

Facility Name: Northstate Chevrolet

(or Company)

Facility ID # (if available):

Street Address 451 N. Eugene St.

(or State Road)

County: Guilford City: Greensboro Zip Code: 27401

Telephone Number: (910) 379-8787

(Area Code)

III. Contact Person

Name: Jerry McPherson

Job Title: Service & Parts Director

Tel. No.: 910-379-8787

Closure Contractor: Eatons Petroleum

Address: Rural Hall, NC

Tel. No.: 910-969-9815

Primary Consultant: Legacy Environmental

Address: P.O. Box 4560 Greensboro, NC

Tel. No.: 910-316-0452

Lab: Water Tech & Controls

Address: P.O. Box 8808 Greensboro, NC

Tel. No.: 910-852-0802

IV. U.S.T. Information

V. Excavation Condition

VI. Additional Information Required

Tank No.	Size in Gallons	Tank Dimensions	Last Contents	Water In Excavation		Free Product		Notable Odor or Visible Soil Contamination	
				Yes	No	Yes	No	Yes	No
1	550	48" x 70"	Waste Oil		X		X		X

See reverse side of pink copy (owner's copy) for additional information required by N.C. - DEM in the written report and sketch.

NOTE: The site assessment portion of the tank closure must be conducted under the supervision of a Professional Engineer or Licensed Geologist. After Jan. 1, 1994, all closure site assessment reports must be signed and sealed by a P.E. or L.G.

VII. Check List (Check the activities completed)

PERMANENT CLOSURE (For Removing or Abandoning-in-place)

- ☒ Contact local fire marshal.
- ☒ Notify DEM Regional Office before abandonment.
- ☒ Drain & flush piping into tank.
- ☒ Remove all product and residuals from tank.
- ☒ Excavate down to tank.
- ☒ Clean and inspect tank.
- ☒ Remove drop tube, fill pipe, gauge pipe, vapor recovery tank connections, submersible pumps and other tank fixtures.
- ☒ Cap or plug all lines except the vent and fill lines.
- ☒ Purge tank of all product & flammable vapors.
- ☒ Cut one or more large holes in the tanks.
- ☒ Backfill the area.

Date Tank(s) Permanently closed: 3/30/94

Date of Change-in-Service:

ABANDONMENT IN PLACE

- ☐ Fill tank until material overflows tank opening.
- ☐ Plug or cap all openings.
- ☐ Disconnect and cap or remove vent line.
- ☐ Solid inert material used - specify: _____

REMOVAL

- ☒ Create vent hole.
 - ☒ Label tank.
 - ☒ Dispose of tank in approved manner.
- Final tank destination: Safeway Tank
Disposal, Colfax, NC

VIII. Certification (Read and Sign)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Print name and official title of owner or owner's authorized representative

Signature

Date Signed

Jerry McPherson / Service & Parts Director

GW/UST-2 (Rev.12/01/93)

White Copy - Regional Office

Yellow Copy - Central Office

Pink Copy - Owner